State of West Virginia Campaign Financial Statement (Short Form) in Relation to the 2008 Election Year

IF YOUR ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES," YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given an in-kind contribution to your campaign?

Candidate or Committee Name WVEA PAC		Candidate or Committee's Treasure Laura McMillin	er		
Political Party (for candidates)		Treasurer's Mailing Address (Street, Route or P.O. Box) 539 Florida Ave			
Office Sought (for candidates) District/Division		City, State, Zip Code Chester WV 26034	Daytime Phone # 304-387-9664		
Primary - First Report Due March 29 - April 4, 2008 General - First Report Due Sept. 22 - 26, 2008	orting Period (checontrol of the Control of the Con	Post-primary Report Due May 26 - 30, 2008 Post-general Report	Check if Applicable: Amended Report You must also check box of appropriate reporting period Final Report		
lon-Election Cycle Reporting Period:		t Due in Calendar Year rday in March or within 6 r	Zero balance require PAC must also file Form F-6 Dissolution		

REPORT TOTALS

(Fill in totals after you have completed page 2)

CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.				
Total Contributions (from Page 2)		+ \$0.00			
Subtotal (lines 1±2)	3.	=			
Total Expenditures (from Page 2)	4.	_ 0			
Ending Balance (lines 3-4)		= 406.54			
*Cannot have a negative ending balance					

ELECTION YEAR (Add line 2 from :	
(0.0
TOTALEXPEN	DITURES
TOTAL EXPENI ELECTION YEAR	

CONTRIBUTORS OF:

\$250 or less

More than \$250

\$250 or less			More than \$250	
ate Full Name	Amount	Date		Amount
			Full Name: Address:	
	\$0.00		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
			Full Name: Address:	
			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	O		Full Name: Address:	
`			Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)	
	\$0.00		Full Name: Address:	
		Contributor's job: (Individual) Where contributor works: (Individual) Affiliation: (Political committee)		
			Total Contributions:	0.0
Check if additional pages have been atached.	i		(add both columns)	
				-4-)
			party expenditures/ reimbursemer	
Date Full name, residence ad	ddress (if person); business a	address	(if firm) Purpose	Amount
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MAKE AS MANY COPIES OF THIS PAGE AS YOU NEED.			Total Expendite	ures:
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correct to the best of my kn	owledge, for all finar	, ; ncial t	ransactions occurring within the peri	od covered by th
statement, as required by We	est Virginia Code §3-8	3-5a.	-	4
& me)		
gaura Ma	Stellen		Signature of Candidate, A	Agent, or Treasur
Data 10/3	20 18			
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